

June 16, 2009

Regional Counsel  
Mid-Atlantic Regional Office  
302 Sentinel Drive, Ste 200  
Annapolis Junction, MD 20701

RE: Tort Claim No: TRT-MXR-2009-00659

This letter and the attached AMENDED TORT CLAIM SF 95 is to inform you that I have changed the amount of the tort claim from \$250,000.00 to \$1,000,000.00.

This amended claim is filed with the agency within the two year statutory period.

No other sections of my original tort claim is being amended.

Please acknowledge receipt of this amendment.

Sincerely,

A handwritten signature in cursive script that reads "Michael P. Giambalvo".

Michael P. Giambalvo

Michael P. Giambalvo  
59036-066 FCI-2 Butner  
PO Box 1500  
Butner, NC 27509

AMENDED CLAIM AS TO DAMAGES ONLY. ALL OTHER PARTS OF  
ORIGINAL TORT CLAIM REMAINS UNCHANGED

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008
1. Submit To Appropriate Federal Agency:  Regional Counsel Mid-Atlantic Regional Office 302 Sentinel Drive, Ste 200 Annapolis Junction, MD 20701		2. Name, Address of claimant and claimant's personal representative, if any (See instructions on reverse.) (Number, street, city, State and Zip Code)  Michael P. Giambalvo 59036-066 FCI-2 Butner PO Box 1500 Butner, NC 27509		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH [REDACTED]	5. MARITAL STATUS SINGLE	6. DATE AND DAY OF ACCIDENT SAT 11-30-07	7. TIME (A.M. OR P.M.) APPROX 12:45
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)  Same as original tort claim, TRT-MXR-2009-00659				
9. <b>PROPERTY DAMAGE</b> NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)  BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)				
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b> STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.  Same as original tort claim, TRT-MXR-2009-00659				
11. <b>WITNESSES</b>				
NAME		ADDRESS (Number, street, city, State, and Zip Code)		
		SAME AS ORIGINAL TORT CLAIM # TRT-MXR-2009-00659		
12. (See instructions on reverse)				
AMOUNT OF CLAIM (in dollars)				
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights)	
	\$1,000,000.00		\$1,000,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM				
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) Michael P. Giambalvo		13b. Phone number of signatory	14. DATE OF CLAIM 9-07-08	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)		